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MIRFIELD URBAN DISTRICT



ANNUAL REPORT

OF THE


MEDICAL OFFICER OF HEALTH

For the Year

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WILLIAM MASON DOUGLAS, M.B. Ch.B., D.P.H.

Medical Officer of Health.



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Mirfield Urban District Council

1952—1953

CHAIRMAN

Councillor FRANK BERTI LYDALL

DEPUTY CHAIRMAN

Councillor JOSEPH HERBERT BARRACLOUGH

COUNCILLORS

BARRACLOUGH, Ernest Charles

CLARKE, George Arthur

COPLEY, Frank

DAY, Milner, J.P.

FRETWELL, Sandy, J.P.

HARDY, John

STEAD, Percy

SYKES, James Henry

TALBOT, George Walker

WALKER, Cecil

PUBLIC HEALTH AND HOUSING COMMITTEE

Councillor TALBOT, Chairman

Councillor LYDALL, Deputy Chairman

Consists of all the Members of the Council.

September 1953.

TO THE CHAIRMAN AND MEMBERS OF THE MIRFIELD URBAN DISTRICT
COUNCIL.

Mr. Chairman, Gentlemen,

I beg to submit to you my Annual Report relating to the Urban District of Mirfield for the year 1952. It contains an account of the activities of your Public Health Department, together with details of the health services available in Mirfield which the West Riding County Council provide by virtue of their powers and duties as the Local Health Authority under the National Health Service Act of 1946. As you are of course aware, all these services come under my direct administration and this facilitates integration of effort and unity of purpose.

You will find in the report little that is new and there has been no dramatic development either in the services provided or in the health of the people during the past year. The practice of Public Health seldom offers such opportunities or presents such results. There is no short cut to communal health. On the other hand you will find evidence of the diligence with which familiar tasks and mostly familiar problems have been pursued. The fact that they are familiar does not necessarily mean that they are easy of accomplishment or solution, or that constant vigilance to seek where improvement can be effected may be neglected. It is in the long run that we may hope for solid and lasting achievement.

During the year 1952 there were 196 births and 174 deaths resulting in a natural increase of 22 in the population. The upward trend in the local birth rate which occurred last year has been maintained and at 16·7 per 1,000 of population is again higher than the average for the country taken as a whole (15·3), and for the Administrative County (15·7). The number of home confinements again declined and 88% of the births took place in hospital or maternity home. This is very much more than there is social or medical need for, and the cost is a heavy one. There are better and more urgent needs to which the resources of the Hospital Board could be put, than to make hospital provision for normal maternity cases on this lavish scale.

With ten more deaths than last year the death rate unfortunately also continued the upward trend which was noted last year and at 14·8 per 1,000 of population is considerably higher than the national average (11·3) and the West Riding Administrative County average (12·0). The only noteworthy increase in mortality has occurred at 75 years of age and over, and death ascribed to heart disease (38),

vascular lesions of the nervous system (16) and cancer (9) in this particular age group all show an increase over last year's figures which were : heart disease (31), vascular lesions of the nervous system (10) and cancer (3). In most instances these conditions represent the degenerative changes consequent upon advancing years and the experiences of those years. They will come to most of us if we survive other perils along the way. Sixteen persons whose death was ascribed to so-called heart disease were over 80 years of age and three of these were over 90 years of age. There was no general increase in mortality from cancer or from coronary thrombosis.

The infant mortality rate of 20·4 is much lower than last year (35·9) and compares favourably with the national rate (27·6) and the West Riding Administrative County rate (30·0). Of the four infant deaths which occurred three took place during the first twenty-four hours of life and were due to congenital abnormality or to premature birth. Unfortunately, as so often happens, the infant mortality rate is balanced by the still-birth rate and in this year there were eight still-births, giving a rate of 39·2 per 1,000 total births which compares unfavourably with the national rate of 22·6 and the County rate of 24·6.

The incidence of notifiable disease in 1952 was so slight as to be almost negligible. However, there were two cases of poliomyelitis resulting in one death and one complete recovery. The commonest disease was measles (55 cases) with whooping cough in second place (29 cases). Whooping cough is a very distressing ailment of young children, frequently fatal in infants and sometimes leading to impaired health in later years. It can be eliminated by immunisation, and it is with gratification that I have to record the decision of the County Council to make this material available free of charge both at our clinics and to general practitioners. Immunisation against whooping cough is best carried out in the early months of life. All mothers owe it to their children to see that they are protected against whooping cough as against diphtheria, and I recommend it to them most strongly.

Once again, for the seventh successive year there has been no case of diphtheria in Mirfield, but as has been seen in other localities the danger is ever present, and it is only by increasing the proportion of children immunised that we can expect to remain free indefinitely. There is a tendency among parents to await the convenience of primary immunisation at the age of school entry, but this is taking unjustifiable risk and I would like to see a much higher proportion of pre-school children being immunised.

There is, too, much muddled thinking about vaccination against smallpox. Except when recently performed vaccination will not with certainty prevent infection with smallpox, but it may modify the disease and save life. Primary vaccination during the first six months of life is a safe, painless and generally mild procedure. Performed for the first time in later years it is by no means so safe and may cause considerable pain and inconvenience and perhaps severe illness. It is highly probable that in the modern world most persons will require to be vaccinated at some stage in their lives and consequently it is far better to be done in infancy.

Turning now to environmental circumstances which, by and large, are the responsibility of the District Council, it is gratifying to note that in 1952 substantially more permanent houses were completed than in any post-war year. The Council provided 48 of these and 16 were built privately. If this rate of building could be maintained for only a few more years there would be no housing problem in Mirfield, and much of the worst property in the district which, besides being an eyesore is so prejudicial to health, could be demolished. I believe the time has come when the great proportion of our housing effort should be directed at slum clearance ; it is one of the main ways in which community health, both mental and physical, can be fostered.

Progress was again made in the abolition of privy middens and at the year's end only twenty-two remained which were capable of conversion out of the total number of one hundred and forty-one. Those which at present cannot be converted are not concentrated in any one district, and consequently sewerage facilities are not likely to become available to them in the foreseeable future. Many of them are also attached to slum property and there is obviously a better way of dealing with this than the consideration of privy conversion.

The water supply in the Hopton district was again the subject of complaint owing to lack of sufficient pressure and discolouration from time to time. The Huddersfield Corporation, who supply the bulk of Mirfield's water, had frequently been requested to remedy these deficiencies but appeared unable to effect a satisfactory solution. Consequently the Council raised the matter with the Ministry of Housing and Local Government, and it is now felt that satisfactory action to overcome these defects has been taken. The water was at all times bacteriologically pure.

The work of meat inspection at the privately owned pig slaughterhouse in Mirfield has greatly increased in recent years and throws an increasing burden on the Chief Sanitary Inspector and his Assistant. During certain periods of the year this work occupied practically the full time duties of one official. The slaughtering is carried out at the

behest of the Ministry of Food, and the products are distributed over a wide area. Meat inspection on this scale is a heavy commitment for a small Authority and one would have thought that with the present tendency towards centralisation of slaughtering, the Ministry of Food might have been prepared to make special financial grants in cases such as this. The Council did indeed make representations on the matter to the Ministry of Food, which were, however, rejected.

The general standard of hygiene in premises where food is prepared or sold has shown a steady but noticeable improvement, and this has been achieved with the wholehearted co-operation of those engaged in these trades. The food handler himself is the most important factor in the achievement of clean and safe foods, and no opportunity is lost to advise or instruct personnel in the basic principles of personal hygiene and its relation to their jobs.

The results of the sampling of milk produced or supplied in the district have been on the whole satisfactory, and no sample was found to be infected with tuberculosis. Nevertheless, I am very happy to learn that Mirfield is to become a "designated area" as from 1st January, 1954 and that hereafter only Tuberculin Tested, sterilized or Pasteurised milk will be permitted to be sold within the district.

I draw your attention also to the justifiable pride which the Chief Sanitary Inspector takes in the service which exists for the collection and disposal of refuse and to the income derived from the sale of salvage which is £1,100 for the year. These results are only achieved by the willing co-operation of householders and by the conscientious and arduous labours of the workmen engaged on these tasks.

With regard to the "personal health services" for which the County Council are responsible you will see that they cover a wide field indeed, and that the public readily avail themselves of the facilities offered. The Home Help service has been equal to the demands made upon it and to an increasing extent is concerned with the care of aged or ill persons in their own homes. In fact 75% of the cases dealt with during the year came within this category and I do not think anyone can doubt the valuable service which is given by the home help staff, all of whom are part-time employees and who have worked conscientiously and well though often in circumstances of some difficulty.

In the School Medical statistics it is interesting to note that out of 556 children medically examined at the routine medical inspections only one was considered to be below average physique. This is highly satisfactory and is indicative of the gradual progress towards better health which has been evident in the children for many

years. Another point which is pleasing to note in this year's returns is the decrease in the number of instances on which the heads of children have been found to be infested with vermin. Whereas infestation was detected on 250 occasions last year it is reduced to 163 this year, and that from a larger number of inspections. I well understand parents' difficulties in this matter but I do urge them to pay strict attention to this aspect of hygiene.

The clinic services, and the integration of the health services, have been greatly helped by the completion during the year of the adaptations to the Ings Grove House Clinic. These are now excellent premises for our purpose and in addition have provided more suitable accommodation for the Chief Sanitary Inspector and his staff. The provision of proper facilities have enabled a weekly clinic to be held by Dr. Mary MacTaggart, the County Psychologist, and this is of very great help to us in dealing with the many and varied psychological problems which confront us in the School Medical service particularly. Sometimes parents, even with the best intentions, are responsible for grave psychological effects and are the cause of great difficulties to their children. The trained and experienced observer often sees most of the game and has special techniques for overcoming many of these maladjustments. It was also possible to re-open the Ultra Violet Light clinic which serves a useful preventive and therapeutic purpose for many ailments.

One of the most important developments in the School Medical service has been the commencement of lectures given to senior girls at the Secondary Modern School by the School Nurses. These lectures are given at the schools on three days each week throughout the term and the subject is "Parentcraft." Their scope properly covers the entire development and care of the child and the normal experiences of life from conception through to adolescence. We hope thereby to instil the basic principles of health, and to induce the younger generation to give some constructive thought to health matters. I regard this development as one of great importance and I am deeply grateful to Mr. Bassett, the Headmaster of the Secondary Modern School and to his staff, for the encouragement and co-operation which they have given us and without which we would not have been able even to make a start.

The schoolchildren of Mirfield are unfortunately still deprived of School Dental services to their great detriment. The Council have addressed several enquiries to the County Council on this matter but no indication has yet been given that the deficiency is likely to be made good in the immediate future. It is sometimes asserted that dentistry serves a cosmetic function rather than being intimately connected with health. This, however, is not, in my opinion, true.

The Mass Radiography Unit of the Leeds Regional Hospital Board visited the district in December. Over a thousand persons submitted themselves for examination. I give within the report the analysis of results supplied to me by the Unit. Only one case of active tuberculosis was detected and abnormalities were revealed in fifty-one other cases. It is not possible, however, to draw any conclusions at all from such evidence since the persons examined constitute only a small proportion of the population and are not necessarily representative of the population taken as a whole.

I have mentioned in these opening remarks only a few facets of the protean Public Health services which are available in Mirfield. I trust that this and the fuller information contained in the body of the report will command your interest since it represents something of the collective efforts during the year of all the staff. To them my thanks are due for their loyalty, co-operation and sustained endeavour to improve the health and amenity of the people of Mirfield.

The section of the report relating to the work of the Sanitary Inspectors has been compiled by Mr. Johnson, the Chief Sanitary Inspector to whom my thanks are due for unfailing co-operation and assistance throughout the year. The other officials of the Mirfield Council have again, as always, given me every help and encouragement, and have thereby increased the efficiency of my department and created an atmosphere in which it has been pleasant to work.

In conclusion, I should like to thank you, Mr. Chairman, and Members of the Health Committee, for your ever ready support, courtesy and consideration.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health and
Divisional Medical Officer.

MIRFIELD URBAN DISTRICT.

Area of district in acres at 1951 census	...	...	...	3,394
Population at 1951 census	...	...	...	11,884
Number of inhabited houses at 1951 census	...	...		4,038
Number of families or separate occupiers at 1951 census	...			3,957
Number of Rooms at 1951 census	...	...	...	15,645

Statistical Summary of the area for 1952 in comparison with 1951.

	1951	1952
Area of the district in acres	3,394	3,394
Estimated population (mid-year)	11,840	11,760
Average number of persons per acre	3.5	3.5
Estimated number of dwellinghouses (end of year)	4,251	4,317
Rateable value at 1st April	£55,726	£56,234
Product of Penny Rate (estimate)	£210	£216
Crude Death Rate per 1,000 estimated population	13.8	14.0
Comparability Factor	0.95	0.95
Standardised Death Rate	13.1	14.0
Birth Rate per 1,000 estimated population	16.5	16.7
Comparability Factor	0.99	0.99
Standardised Birth Rate	16.3	16.5
Still-birth Rate per 1,000 total live and still-births	25.0	39.2
Infant Mortality Rate per 1,000 live births	35.9	20.4
Maternal Mortality Rate	Nil	4.9

POPULATION AND SOCIAL CONDITIONS.

The population of the Urban District of Mirfield at the 1951 Census was 11,884, a decrease of 215 since the 1931 Census. The Registrar General's estimate of the population for the year 1952 is 11,760 and this figure is used throughout this report in calculating rates.

There are a number of important industries established in the district including woollen and cotton mills, maltsters, card makers, soap makers, oil extractors, brushmakers, cloth makers, card clothing manufacturers and building contractors. The District, however, cannot be said to be heavily industrialised, and there is ample open space and fine residential localities.

The recession in the textile industry which commenced during the latter weeks of 1951 continued during the first three months of the year and there was a considerable amount of short-time working. There was little total unemployment but the majority of cotton operatives were only working three or four days a week. There was a slow improvement in April and full-time working was mainly resumed by the end of July. The textile industry in Mirfield lost many workers during this period and at the end of the year there were many vacancies which could not be filled.

These notes relating to employment have been compiled from information kindly supplied to me by the Manager of the Mirfield Employment Exchange.

VITAL STATISTICS FOR THE YEAR 1952.

Live Births.

					Males	Females	Total
Legitimate	...	...	...	...	100	90	190
Illegitimate	...	...	...	...	2	4	6
Total ...					102	94	196

Birth rate per 1,000 estimated population : 16·7.

Live Births Notified in the District.

Ward					Males	Females	Total
Battysford	...	...	...	...	7	4	11
Eastthorpe...	...	...	...	...	1	1	2
Hopton	...	...	...	...	1	2	3
Northorpe	...	...	...	...	5	2	7
					14	9	23
Crossley Maternity Home	...	...	...	...			374
Total ...							397
Births Transferable from District							258
							139

Births Transferable to the District.

(a) Staincliffe Hospital	...	...		33
(b) Other Institutions...	...	...		21
Total Net Births belonging to District				193

Stillbirths.

					Males	Females	Total
Legitimate	...	...	...	...	2	4	6
Illegitimate	...	...	...	...	1	1	2
Total ...					3	5	8

Stillbirth rate per 1,000 live and still-births : 39·2.

There were 196 live births during the year which is one more than in 1951 giving a birth rate of 16·7 per thousand estimated population. Thus the upward trend in the birth rate which occurred last year has been maintained and is greater than the average rate for the whole of England and Wales. The Registrar General supplies a “comparability factor.” In the case of Mirfield, for births, this is 0·99, and multiplying our crude birth rate by this figure we obtain a standardised birth rate of 16·5, which would represent the birth rate for Mirfield if its population had the same age and sex constitution as that of the country as a whole.

Approximately 88% of all confinements took place in hospital or maternity homes, and this is substantially greater provision than is required on social or medical grounds. The capacity of a State Medical Service to absorb finance is almost unlimited and consequently it will always be necessary to maintain a ceiling of expenditure. In view of this I am sure that it is both unnecessary and wasteful to make hospital accommodation available for normal maternity cases on such a lavish scale when other requirements are so pressing.

There were 8 still births notified during the year giving a rate of 39·2 per thousand live and still births, and this is higher than the national rate. No single cause appears to be predominant in this incidence, and in all except one case the mothers received their ante-natal care from general practitioners. By far the larger proportion of domiciliary confinements took place in the Battyeford Ward.

Deaths.

				Males	Females	Total
Total Deaths assigned to district	...			88	86	174
Deaths registered in the district	...					124
Deaths transferable to the district	...					53
Deaths transferable from the district	...					3
Death Rate per 1,000 estimated population						14·8
Standardised Death Rate	...	...				14·0
Deaths from puerperal causes	...	...				1
Deaths of Infants under 1 year :—						
				Males	Females	Total
Legitimate	...	...	...	1	1	2
Illegitimate	...	...	...	—	2	2
				1	3	4

There were 174 deaths assigned to the district which gives a crude death rate of 14·8 per thousand population. The Registrar General's "comparability factor" for deaths is 0·95, and multiplying the crude death rate by this factor we obtain 14·0 which would represent the death rate for Mirfield if its population had the same age and sex constitution as that of the country as a whole. The increase in the number of deaths which has occurred this year compared with last year (164) is due to an increase in the number of deaths at age 75 years and over, and the only cause of death which shows a substantial increase over last year is that from heart disease. There was one less death from cancer and one more from coronary disease than last year. However, cancer, heart disease and vascular lesions of the nervous system remain by far the commonest causes of death which is of course to be expected since they are, in the main, the degenerative changes associated with the ageing of the human organism. In the age group of 75 years of age and over deaths ascribed to heart disease (38), vascular lesions of the nervous system (16) and cancer (9) all show an increase over last year's figures which were : heart disease (31), vascular lesions of the nervous system (10) and cancer (3).

There were four deaths of infants under one year of age giving an infant mortality rate of 20·4 per thousand live births. This shows a considerable drop from last year (35·9), and in three of these cases the cause of death was present at birth. In dealing with relatively small populations considerable variations in these rates are likely to occur from year to year. There was one death due to gastro-enteritis during the year.

For the first time since 1944 one maternal death took place and this was due to cerebral hemorrhage following toxemia of pregnancy.

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1952

	All Ages	Under 1 year	1—4	5—14	15—24	25—44	45—64	65—74	75 and Over	Males	Females	Deaths in Institutions
Acute poliomyelitis	1				1					1		1
Cancer	25						8	8	9	16	9	9
Vascular Lesions of Nervous System	28					1	4	7	16	10	18	7
Coronary disease, angina ...	28						7	9	12	15	13	3
Hypertension with heart disease	10					1	5	2	2	4	6	
Other heart disease	45						7	14	24	21	24	9
Other circulatory disease ...	4						1	2	1	4		3
Pneumonia	2						2			2		
Bronchitis	7					1	1	3	2	5	2	2
Gastritis, enteritis & diarrhoea	2	1					1			1	1	2
Nephritis & Nephrosis ...	1							1		1		1
Hyperplasia of Prostate ...	1								1	1		
Pregnancy, childbirth & abortion	1					1					1	1
Congenital Malformations ...	2	1		1						1	1	2
Other defined & ill defined diseases	15	2		1			4		8	4	11	11
Motor vehicle accidents ...	1				1					1		
Suicide	1								1	1		
TOTAL—All causes ...	174	4		2	2	4	40	46	76	88	86	51

CAUSES OF INFANTILE MORTALITY IN MIRFIELD URBAN DISTRICT, 1952

Cause of Death	Under 1 day	1 day	2 days	3 days	4 days	5 days	6 days	7—13 days	14—20 days	21—28 days	28 days—2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	In First Year
	3	1																		1		2	2	1		4
Congenital deformities ...	1																					1				1
Gastritis, enteritis diarrhoea ...																			1				1			1
Prematurity ...	1																					1				1
Atelectasis ...	1																							1		1
TOTALS ...	3																			1		2	2			4

PREMATURE INFANTS.

Special equipment for the nursing of premature infants in their own homes is available at the Health Department but it has not been necessary to use this equipment in Mirfield during the year. As will be seen, the vast majority of premature births took place in hospital practice and the survival rate I consider to speak highly for the medical and nursing skill which they received.

Given below are details of premature infants born at home and in hospital :—

Domiciliary Confinements

Birth lbs.	Weight ozs.	No. of Infants	No. of Infants who survived		
			24 hours	2-7 days	1 month
5	0	1	1	1	1
Totals		1	1	1	1

Institutional Confinements

Birth lbs.	Weight ozs.	No. of Infants	No. of Infants who survived		
			24 hours	2-7 days	1 month
2	0	1	—	—	—
2	4	1	—	—	—
3	13	1	1	1	1
4	0	1	1	1	1
4	2	1	1	1	1
4	4	1	1	1	1
4	7	1	1	1	1
4	9	1	1	1	1
4	13	1	1	1	1
4	15	1	1	1	1
5	0	1	1	1	1
5	4	1	1	1	1
5	5	1	1	1	1
5	6	1	1	1	1
5	8	2	2	2	2
Totals		16	14	14	14

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate and Case Rates of Certain Infectious Diseases in 1952 compared with other areas.

	England and Wales	160 County Boroughs and Great Towns including London	160 Smaller Towns (Resident Pop. 25,000 to 50,000 at 1951 Census)	London Admin. County	Mirfield
Births	Rates per 1,000 Home Population				(16.5)*
Live births	15.3	16.9	15.5	17.6	16.7
Still births	0.35	0.43	0.36	0.34	0.68
	22.6(a)	24.6(a)	23.0(a)	19.2(a)	39.2(a)
Deaths					(14.0)*
All causes	11.3	12.1	11.2	12.6	14.8
Typhoid and Paratyphoid ...	0.00	0.00	0.00	—	—
Whooping Cough	0.00	0.00	0.00	0.00	—
Diphtheria	0.00	0.00	0.00	0.00	—
Tuberculosis	0.24	0.28	0.22	0.31	—
Influenza	0.04	0.04	0.04	0.05	—
Smallpox	0.00	—	—	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.00	0.01	0.085
Pneumonia	0.47	0.52	0.43	0.58	0.17
Notifications (corrected)					
Typhoid fever	0.00	0.00	0.00	0.00	—
Paratyphoid fever	0.02	0.02	0.03	0.01	—
Meningococcal infection ...	0.03	0.03	0.03	0.02	—
Scarlet fever	1.53	1.75	1.58	1.56	0.76
Whooping cough	2.61	2.74	2.57	1.66	2.46
Diphtheria	0.01	0.01	0.03	0.01	—
Erysipelas	0.14	0.15	0.12	0.14	0.25
Smallpox	0.00	0.00	0.00	—	—
Measles	8.86	10.11	8.49	9.23	4.68
Pneumonia	0.72	0.80	0.62	0.57	0.17
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.17
Non-paralytic	0.03	0.03	0.02	0.03	—
Food Poisoning	0.13	0.16	0.11	0.18	—
Puerperal Pyrexia	17.87(a)	23.94(a)	10.22(a)	30.77(a)	29.41(a)
	Rates per 1,000 Live Births				
Deaths					
All causes under 1 year of age ...	27.6(b)	31.2	25.8	23.8	20.41
Enteritis and diarrhoea under 2 years of age	1.1	1.3	0.5	0.7	5.1

Maternal Mortality in England & Wales			
	No. of Deaths	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15—44
Sepsis of pregnancy, childbirth and the puerperium	61	0.09	—
Abortion with toxæmia	13	0.02	1
Other toxæmias of pregnancy and the puerperium	147	0.21	—
Haemorrhage of pregnancy and childbirth	59	0.09	—
Abortion without mention of sepsis or toxæmia	31	0.04	3
Abortion with sepsis	47	0.07	5
Other complications of pregnancy, childbirth and the puerperium	138	0.20	—

*Standardised Rates.
(a) Per 1,000 Total (Live and Still) Births.
(b) Per 1,000 related live births.

INFECTIOUS DISEASES.

The incidence of notifiable disease was, comparatively speaking, negligible during the year. Measles (55 cases) was the most prevalent disease and whooping cough (29 cases) was the only other disease present in any considerable number. There were two cases of poliomyelitis resulting, in one case, in the death of a youth aged eighteen years, and in the other case, in complete recovery from the disease in a child of six years.

For the seventh year in succession no cases of diphtheria were notified and this very fact makes our task of maintaining a high level of immunity among children more difficult as fear of the disease recedes from the public mind. This is also true of smallpox vaccination, and it certainly cannot be said that any substantial degree of immunity to smallpox exists in our community today.

In the middle of the year the County Council approved a scheme for immunisation against whooping cough along similar lines to that for diphtheria. Under this scheme children can be immunised against whooping cough free of charge either at Health Department clinics or by their own doctors to whom the material is supplied free of cost by the County Council. Whooping cough is a distressing and sometimes fatal ailment of early childhood and it is most important that immunisation should be carried out in the early months of life in order to give the fullest protection. I sincerely hope that our efforts will result in the elimination of this disease within the next few years, but it is largely in the hands of parents to achieve this desirable outcome.

Tables showing the amount of diphtheria immunisation carried out during the year and the state of diphtheria immunisation in the child population.

Primary Injections.

Period	Age at final injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1952	41	13	2	2	2	7	—	67
Six months ending 31st December, 1952	9	49	3	1	2	3	—	67
Totals for 1952	50	62	5	3	4	10	—	134

Re-inforcing Injections.

Period	Age at re-inforcing injection							Total
	Under 1	1	2	3	4	5-9	10-14	
Six months ending 30th June, 1952	—	—	—	—	4	74	63	141
Six months ending 31st December, 1952	—	—	—	—	2	18	5	25
Totals for 1952	—	—	—	—	6	92	68	166

State of Diphtheria Immunisation in the Child Population.

Age at 31-12-52 <i>i.e.</i> , Born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5-9 1943-47	10-14 1938-42
Number immunised	9	95	103	135	175	820	628
Estimated mid-year child population, 1952	Children under 5 927					Children 5-14 1544	
Percentage of child pop. immunised	55·8%					93·8%	

Table showing Persons Vaccinated and Re-vaccinated during 1952.

Age at date of vaccination	Under 1	1	2-4	5-14	15 or over	Total
Number Vaccinated	23	22	1	4	5	55
Number Re-Vaccinated	—	—	1	—	14	15

Whooping Cough Immunisation.

Number of children at 31st December who had completed a course of immunisation before that date.

Age at 31/12/52 <i>i.e.</i> born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	Total
Number immunised	9	20	6	5	—	40

CASES OF INFECTIOUS DISEASE
occurring in Mirfield Urban District classified according to Age Groups and Wards, 1952.

Disease	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Hopton	Battye- ford	East- thorpe	Nor- thorpe	Removed to Hospital
Scarlet Fever ...	9	—	1	6	2	—	—	—	2	2	5	—	—
Measles ...	55	1	32	22	—	—	—	—	1	25	7	22	—
Whooping Cough	29	—	24	5	—	—	—	—	9	7	6	7	—
Pneumonia ...	2	1	—	—	—	—	—	1	2	—	—	—	—
Puerperal Pyrexia	6	—	—	—	2	4	—	—	—	1	—	5	6
Erysipelas	3	—	—	—	—	1	2	—	—	2	1	—	—
Poliomyelitis Paralytic	2	—	—	1	1	—	—	—	—	—	—	2	2
TOTALS ...	106	2	57	34	5	5	2	1	14	37	19	36	8

CASES OF INFECTIOUS DISEASE
occurring in Mirfield Urban District classified according to Wards and Quarters, 1952.

Disease	Hopton				Battysford				Eastthorpe				Northorpe				Mirfield			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Scarlet Fever ...	—	—	1	1	2	—	—	—	2	—	—	3	—	—	—	—	4	—	1	4
Measles ...	—	—	1	—	—	1	12	12	—	—	7	—	1	18	38	15	—	2	—	—
Whooping Cough ...	8	—	1	—	6	1	—	—	5	—	—	1	2	3	1	3	21	4	1	—
Pneumonia ...	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	1	—	1	—	—
Puerperal Pyrexia ...	—	—	—	—	1	—	—	—	—	—	—	—	1	1	2	1	2	1	2	1
Erysipelas ...	—	—	—	—	1	—	1	—	1	—	—	—	—	—	1	—	2	—	1	—
Poliomyelitis Paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	1
TOTALS	8	—	3	1	10	3	13	13	8	—	7	4	3	5	21	7	29	8	44	25

TUBERCULOSIS.

There were seven notifications of respiratory tuberculosis this year compared with eight last last year and there were no new notifications in respect of non-pulmonary tuberculosis compared with three last year, and the total number of cases remaining on the register at the end of the year was eighty-one.

The clinic work in connection with the Tuberculosis Service is the responsibility of the Regional Hospital Board and I must record my thanks to Dr. Viner, the Chest Physician of the area for the co-operation which he had most readily offered at all times during the year. The Health Visitors who carry out the work of domiciliary visiting of notified cases and who can do so much to prevent the spread of the disease by education in the home and by the tracing of contacts, have carried out their duties in close collaboration with the Chest Physician, and there is no doubt that this work is the more efficient because of their attendance at the Chest Clinic held at Knowler Hill, Liversedge. The Regional Hospital Board propose to centralise the work of outlying chest clinics by holding instead a centralised clinic at Dewsbury Infirmary, and it is to be hoped that it will be found possible to maintain this close liaison between the Chest Physician and the district tuberculosis nurses which is of great importance in the domiciliary and preventive aspects of tuberculosis.

Upon the ascertainment of a new case of tuberculosis an investigation is made of the social and housing conditions and of the environment where the person concerned works. Our Social Workers trace the close contacts of the patient and endeavour to have these examined by the Chest Specialist. In a number of cases the Housing Committee have provided suitable housing accommodation for such cases upon my recommendation. Extra nourishment in the form of milk is provided. National Assistance entitlements are gone into and from time to time we have obtained further help either from the West Riding Distress Fund or from voluntary agencies within the area.

The statistical details of Tuberculosis in Mirfield are as follows :—

		Pulmonary		Non-Pulmonary	
		Male	Female	Male	Female
(a)	Number of Cases on Register at commencement of year ...	35	19	6	15
(b)	Number of Cases notified first time during the year ...	5	2	—	—
(c)	Removals from other areas	1	—	—	—
(d)	Number of Cases removed from the Register ...	2	—	—	—
(e)	Number of Cases remaining on the Register ...	39	21	6	15

Age Periods	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	—	—	—	—	—	—	—	—
20	1	—	—	—	—	—	—	—
25	1	1	—	—	—	—	—	—
35	—	1	—	—	—	—	—	—
45	1	—	—	—	—	—	—	—
55	1	—	—	—	—	—	—	—
64 and upwards	1	—	—	—	—	—	—	—
Totals	5	2	—	—	—	—	—	—

One notification was received of admission of a person suffering from Tuberculosis to Sanatorium and five discharges.

The following are the institutions to which tuberculosis patients were admitted :—

	Admissions	Discharges
Scotton Banks	—	1
Whitley Grange	—	1
Killingbeck Hospital, Leeds	1	—
Snapethorpe Hospital, Wakefield	—	1
Huddersfield Royal Infirmary	—	2
	—	—
Totals	1	5
	==	==

MASS RADIOGRAPHY SURVEY.

The Mass Radiography Unit of the Leeds Regional Hospital Board visited the district in December and I give below the results supplied to me by the Unit. It is not possible however, to draw any conclusions at all from such evidence since the persons examined constitute only a small proportion of the population and are not necessarily representative of the population taken as a whole. The information given is in respect of people actually examined during the survey and may therefore, include persons normally resident in other areas.

	Males	Females	Total
1. Examinations carried out.			
(a) Miniature X-Rays taken	580	476	1056
(b) Large X-Rays taken... ..	25	20	45
2. Analysis of Provisional Findings.			
(a) Cases of active tuberculosis	—	1	1
(b) Cases of inactive tuberculosis	7	4	11
(c) Other abnormalities (see below)	24	15	39
(d) Failed to attend for large film	1	2	3
3. Analysis of abnormalities other than tuberculosis (see (c) above).			
Disease			
Code No.			
1. Anatomical abnormalities	1	3	4
2. Chronic bronchitis and emphysema	3	1	4
3. Pneumonia—lobar	—	—	—
4. Broncho pneumonia	—	1	1
5. Consolidation—cause unknown	—	—	—
6. Bronchiectasis	5	—	5
7. Pulmonary fibrosis—non tuberculous	—	—	—
8. Pneumokoniosis—non tuberculous	2	—	2
9. Pneumokoniosis accompanied by tuberculosis	—	—	—
10. Basal fibrosis	2	1	3
11. Pleural thickening	1	4	5
12. Pleural and interlobar effusion	—	—	—
13. Spontaneous pneumothorax	—	—	—
14. Intrathoracic tumours	—	—	—
15. Cardio vascular lesions—congenital	1	—	1
16. Cardio vascular lesions—acquired	8	3	11
17. Miscellaneous :			
i. Acquired conditions of ribs	1	2	3
ii. Acquired conditions of diaphragm	—	—	—
iii. Dextrocardia	—	—	—
iv. Pulmonary Mycosis	—	—	—
v. Mediastinal effusions	—	—	—

MENTAL HEALTH SERVICES.

Mental Deficiency.

Mental deficiency means "condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury." The duty of ascertaining mentally defective persons and of making provisions for their care and supervision falls to the Local Health Authority, and this work is carried out by the Divisional Medical Officer and his staff.

By no means are all mentally defective persons unemployable or ineducable. Their classification ranges from the completely ineffective idiot to the high grades of feeble minded and moral defectives who require the minimum of supervision and control for their own protection, and provision is made for their care accordingly. There are the Mental Deficiency Institutions for those who require more care than can be provided at home. There is not yet, however, sufficient accommodation in such Institutions to accommodate all those who should be admitted. Consequently, therefore, burdens are placed both upon the parent and relatives, upon the Social Workers who supervise their cases, and at times upon neighbours and other members of the public. In certain cases instruction in simple crafts and allied subjects, in social behaviour and in the management of the defective, is given in the home. During the year it was possible to arrange for two children to be admitted to an Occupation Centre in West Leeds to which they are conveyed with other children in a specially chartered vehicle daily.

Supervision by properly trained Social Workers in the home means much both to the defective and to the relatives of the defective. It seeks to ensure a reasonable standard of care for the patient, for his placement wherever possible in a suitable occupation, and the Social Worker is an ever-ready guide, philosopher and friend to those responsible for the care of the defective.

Mental Deficiency Statistics.

	Male	Female	Total
No of defectives on Register :			
(a) at home	7	4	11
(b) in institutions	4	2	6
	<hr/>		
Total	11	6	17
	<hr/>		
No. of cases under Guardianship Orders			
1st January, 1952... ..	—	—	—
No. of cases under Statutory Supervision			
1st January, 1952	7	3	10
No. of cases under Voluntary Supervision			
1st January, 1952	—	1	1
No. of new cases placed under Statutory			
supervision during 1952	—	—	—
	<hr/>		
Total under Supervision ...	7	4	11
	<hr/>		
No. of cases awaiting admission to ins-			
titutions	2	—	2
	<hr/>		
No. of visits to cases under Statutory			
Supervision	41	25	66
No. of visits to cases under Voluntary			
Supervision	—	4	4
No. of visits made on behalf of institutions			
for special home reports	2	—	2
	<hr/>		
Total number of visits made during 1952	43	29	72
	<hr/>		

Home Teaching.

No. of cases receiving Home Teaching,			
1st January, 1952... ..	2	3	.
No. of new cases during year	—	—	—
No. of cases admitted to Occupation			
Centres	1	1	2
No. of cases receiving Home Teaching,			
31st December, 1952	1	2	3
No. of visits paid during year	31	52	83
	<hr/>		

Mental Illness.

During the year we have had the services, part-time, of a Social Worker for the visitation of patients who have been discharged from hospital after receiving treatment for mental illness. In addition, background reports have been prepared and transmitted to various Mental Hospitals concerning patients from our area and this is of value in the treatment of the illness. Families have been assisted and guided both before admission of the patient to the Hospital, during his absence and after his return home. Also a number of cases have been visited at the request of General Practitioners and in a few cases arrangements were made, with the General Practitioner's consent, for the patients to be interviewed by Psychiatrists at Hospital Out-Patients' Departments. All this is most valuable work. One is so often aware of the great difficulty experienced by many patients in effecting complete readjustment after their discharge from hospital and to such patients the complexities of modern life and legislation may often be so bewildering that unless skilled assistance is immediately available the good effects of the treatment which they have received may often be prejudiced. This is another of these services where there must exist the fullest co-operation between the hospitals for mental illness and the Local Health Authorities if the service is to be effective. It cannot yet be said that this co-operation is universally adequate.

Patients from Mirfield generally are admitted to Stanley Royd Hospital, Wakefield or to Storthes Hall Mental Hospital, Kirkburton.

Mental Illness Statistics.

	Male	Female	Total
No. of cases on register at 1st January, 1952	15	10	25
No. of cases discharged from mental hospitals during 1952	1	3	4
	16	13	29
Cases removed from register during year :			
(a) deaths	—	—	—
(b) removals	—	—	—
(c) recovery	—	1	1
Cases on register, 31st December, 1952	16	12	28

No. of cases receiving After-care at 1st							
January, 1952	...	...	...	...	1	3	4
New cases during 1952	...	...	...	...	—	1	1
					1	4	5
No. of cases taken off After-care register							
during the year	...	...	...	...	—	1	1
No. of cases receiving After-care at 31st							
December, 1952	...	...	...	...	1	3	4
No. of cases to be visited to ascertain							
desire for After-care at 31st December,							
1952	...	...	...	...	1	3	4
No. of visits made to patients during 1952					13	28	41
No. of reports on home conditions requested							
by, and forwarded to mental hospitals	...				1	1	2

DOMICILIARY NURSING SERVICE.

Home Nursing Service.

Two nurses were continuously employed in providing nursing in the homes of patients in Mirfield during the year. They also undertake domiciliary midwifery duties in the area. The statistical presentation of the work which they have carried out shows the very wide variety of cases in which their services have been required, and is some indication of the extent to which hospital services are relieved by the application of this service. Most people would rather be nursed in their own homes than have to go to hospital and one feels that the domiciliary nursing service will play an ever increasing part in the treatment of sick people within their own homes. The nursing duties are carried out in collaboration with the General Practitioners

of the area and so far as treatment of the patients is concerned the General Practitioner is in command. The duties of administration and supervision of work, the arrangements of refresher lecture courses and the like, are the responsibility of the Local Health Authority, and although the Home Nursing Service has been fully extended during the year, no problems of any magnitude have arisen. It is felt, however, that the services would benefit by the provision of one additional nurse to act as relief throughout the District during periods of absence from duty of the nursing staff. Increasing liaison with the hospitals has led to increasing requests for nursing care after discharge from hospital and there is good co-operation between the domiciliary nurses and those carrying out preventive work in the area.

The following information relates to the Home Nursing work done by the District Nurse Midwives during the year :—

(a) Number of cases being attended on 1st January, 1952	...	25
(b) Number of new cases attended during the year	...	160
(c) Number of day visits paid during the year	...	4,038
(d) Number of night visits paid during the year	...	230
(e) Number of cases being attended on 31st December, 1952	...	23

The cases visited by the Home Nurses are classified as follows :—

Medical (152 cases)

Acute abdominal	...	2	Hypertension	...	1
Bronchitis and Asthma	...	2	Miscellaneous	...	3
Carcinoma :			Kidney and Bladder	...	1
Breast	...	1	Mental and Nervous		
Colon and Rectum	...	1	Conditions	...	4
Uterus and Cervix	...	2	Mis. and Abortion	...	3
Lung	...	1	Phlebitis and Thrombosis	...	1
Other sites	...	9	Pneumonia and Pleurisy	...	4
Cardiac	...	16	Pyrexia	...	2
Cerebral	...	22	Rheumatism and Arthritis		8
Constipation	...	9	Senility	...	12
Diabetes	...	3	Threadworms	...	4
Dis. and Art. Sclerosis	...	2	Tuberculosis	...	7
Fractures	...	4	X-ray Preparation	...	12
Gynaecological	...	16			

Surgical (33 cases).

Burns and Scalds	...	5	Supra Pubic	...	3
Circumcision	...	2	Varicose Ulcers	...	3
Gangrene	...	1	Eyes	...	2
Post Operative	...	13	Miscellaneous	...	1
Septic, boils, abcess	...	3			

Midwifery.

As has already been pointed out a very small proportion of confinements in Mirfield are carried out in the home and during the year only twenty-three such cases were undertaken by the District Nurse Midwives. In spite of this, however, the midwives have extended their influence to Ante-Natal work and have visited the homes of patients who had booked hospital accommodation for their confinements. In addition they attended the Ante-Natal Clinic where they were able to discuss their patients with the Medical Officer present. Gas and Air Analgesia was administered by the domiciliary midwives in fourteen cases and pethidine was administered in eleven cases.

Confinement in the home, where conditions are suitable, is today as convenient, as safe, and at least as painless, as it is in any hospital and many will assert that it is better for the mother, for her new born child and for the other children of the family. As I have said elsewhere it is extremely doubtful if we are making the best use of our limited resources in providing free hospital treatment for such a large proportion of normal midwifery cases.

Details are given of the Midwifery work done by the District Midwives during the year :—

(a) Labours conducted—

(i) As midwife	...	...	...	...	24
(ii) As maternity nurse	...	...	...	...	—
Total					24

(b) Ante-natal visits	...	...	...	...	380
(c) Post-natal visits	...	...	...	...	591

The midwives sought medical aid on 6 occasions, details of which are given below :—

Number of Medical Aid Notices issued because of complications arising in/during :—

(i) Pregnancy	...	...	...	...	1
(ii) Labour	...	...	...	...	4
(iii) Lying-in	...	...	...	...	Nil
(iv) The child	1

Pregnancy.

Ante-partum haemorrhage	1
-------------------------	-----	-----	-----	-----	---

Labour.

Ruptured perineum	4
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The Child.

Pyloric Stenosis	1
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ANTE-NATAL CLINIC.

After waiting for a full year for the alterations at Ings Grove House Clinic to be completed during which time the Ante-Natal clinic was held in the Hopton Congregational Sunday School, the Ings Grove Clinic became available to us again in June. This provides more suitable and congenial premises in which to conduct our clinic services, and I feel sure that they will prove to be an asset to the people of Mirfield.

As is general in many parts of the country attendances at the Ante-Natal clinic continued to decline, and this is largely due to the fact that more expectant mothers prefer to receive their ante-natal care from their general practitioners and also, partly at least, due to the fact that so high a proportion of expectant mothers in the Mirfield area elect to have their confinements in hospital or maternity home. We would not be human if we did not feel that thereby they are missing something important which we have to give them.

At the Ante-Natal clinic patients not only receive routine medical examinations, but also detailed investigation of the blood and instruction in the use of Gas and Air apparatus. Instruction is also given in the hygiene and the diet of pregnancy and in the techniques and preparation for relaxation during labour which has been shown not only to reduce pain, but to shorten the period of disability after confinement and to reduce the complications of confinement. It is during the Ante-Natal period that the crucial work in preparing the mother to breast feed her baby is carried out and it is indeed a tragedy that greater importance is not attached to this by many of the mothers themselves. Although dietary insufficiency of first class proteins may have some bearing on the inability of a proportion of the mothers to breast feed their babies the biggest difficulty is in their lack of desire to do so. It has been proved over and over again that the health of the breast fed baby is, on average, far superior to that of the baby who is bottle fed. Any mother who can feed her baby but won't, and any doctor, midwife or nurse who will not do their utmost to encourage establishment of breast feeding is indeed failing in his or her duty.

Ante-Natal.	1951	1952
No. of women who attended during the year	96	68
No. of women attending for the first time ...	78	39
Total No. of attendances	491	252

Post-Natal.		
No. of women who attended during the year	6	6
No. of women attending for first time ...	6	6
Total No. of attendances	6	7

BREAST FEEDING.

A survey was carried out of the incidence and duration of breast feeding of infants in the area with particular reference to the reason for the abandonment of breast feeding within the first two weeks of life, *i.e.*, before the initial visit of the Health Visitor. 195 cases were investigated and the following facts emerged.

Artificial feeding had been commenced in 47 cases by the end of the second week of life representing 24·1% of the total, and the reasons for this were as follows :—

Lactation failed	...	...	...	...	12
Lactation poor	...	...	...	...	7
Lactation not established	...	...	...	...	9
Defective nipples or breast abscess	...	...	...	...	4
Own Doctor's advice	...	...	...	...	2
Prematurity	...	...	...	...	2
Illness of baby	...	...	...	...	1
Twin pregnancy	...	...	...	...	4
No adequate reason	...	...	...	...	4
Illegitimate	...	...	...	...	2

From this point the incidence of breast feeding declined as follows :—

Age groups (in weeks)	Number artificially fed.	Percentage
2—3	71	36·4
3—4	82	42·1
4—8	114	58·5
8—12	132	67·7
12—20	136	69·8
20—24	143	74·1

Of those who abandoned breast feeding within two weeks of birth (47 cases) the following table indicates the method of ante-natal care and the place of confinement :—

Primip.	Multip.	Attended A/N Clinic	Attended own Dr. only	Confined	
				Hospital	At home
27	20	14	33	42	5
Percentages					
57·4	42·6	29·8	70·2	89·4	10·6

CHILD WELFARE SERVICES.

Health Visiting.

The comprehensive training and the variety of work which she carries out today fits the modern Health Visitor to be what she is—the best and most complete social worker in the country. There is a tendency, however, as the duties and the services which they provide increase, for the increased requirements in numbers to be overlooked. This is most important because much of their work, if not done well, is not worth doing at all, but if done well, is one of the biggest hopes of the Preventive Medical Services. The Health Visitor is concerned with the visiting of expectant mothers, and of infants in their own homes, with attendance at Ante-Natal Clinics, Post Natal Clinics and Infant Welfare Clinics. She is concerned with problem families, and with advising on any health problem within the household particularly in connection with the Home Help Service. She also has duties in relation to the aged and to the school child, and in the latter connection she carries out cleanliness inspections at schools, routine testing of eyes, treatment of minor ailments, and attendance at school medical inspections, very often following up the results of this work into the homes of the children. Full use has not yet been made of her great potential value in the education of the school child in matters of health.

It is true to say, however, that the Health Visitors' work in connection with infant welfare remains of prime importance. So far as is possible the home of each child is visited as soon as possible after its birth and thereafter at weekly intervals unto the age of three months, at fortnightly intervals between three and six months and at monthly intervals thereafter. After the first year of life endeavour is made to visit the homes of all pre-school children at least once in every six months. The value of this work can not be over-estimated and taken in conjunction with the work of the Infant Welfare Clinic must have a very great effect upon the health, mental and physical condition, of present and future generations. While there can be little doubt that the Infant Welfare Services have played their part in the reduction of the infant mortality rates over the years it is not in these figures alone that one should look for the value of the Service, but rather in the increasing measure of good health enjoyed by almost every section of the community and in which the Health Visitor and Maternity and Child Welfare Services have played a notable part.

Number of visits paid during year :—

					1951	1952
(a)	To expectant mothers :—					
	(i)	First visits	...	...	47	42
	(ii)	Total visits	...	...	141	86
(b)	To children under 1 year of age :—					
	(i)	First visits	...	...	159	197
	(ii)	Total visits	...	...	2,161	3,456
(c)	To children between the ages of one and five years :—					
	(i)	Total visits	...	...	702	808
(d)	To other classes :—					
	(i)	Total visits	...	...	770	633

Infant Welfare Clinics.

The Child Welfare Clinic continued to play its useful part in the Child Welfare Services and this also should benefit from the improved premises now available at Ings Grove House. It will be seen that once again there has been a reduction in the number of attendances.

Medical consultation has been available at the clinic and dried milk and other suitable infant foods can be purchased there in accordance with the advice of the doctors and nurses. The best place for a mother to receive advice about the upbringing and progress of her children is undoubtedly within her own home, but obviously this is not practicable to the extent of the requirement for such advice. The clinic also gives an opportunity for mothers to congregate and discuss common problems with the nurses, and it also gives an opportunity to the nurses to carry out health teaching by groups.

The following figures show the attendances, etc., during the year :

Attendances of infants under 1 year	...	...	...	701
Attendances of infants 1 to 5 years	...	...	...	253
Total attendances	...	...	...	954
Number of medical consultations	...	...	...	481
Number of sessions held during year	...	...	...	50
Average attendance per session	...	...	...	19

Number of children under five years of age who first attended at the clinic during the year and who, on the date of their first attendance were :—

(a) Under 1 year of age	...	...	...	...	...	66
(b) Over 1 year of age		...	...	...	...	10

Number of children under 5 years of age who attended at the clinic during the year, and who, at the end of the year were :—

(a) Under 1 year of age	...	...	...	...	...	76
(b) Over 1 year of age	...	...	...	...	...	114

CONVALESCENT HOME TREATMENT.

Under Section 28 of the National Health Service Act, 1946, the County Council is empowered to provide convalescent home treatment. General practitioners recommend those who are in need of this service and during the year two Mirfield residents were admitted to Convalescent Homes. Details of these two patients are given below :—

Hunstanton Convalescent Home	...	...	...	...	1
Manchester & Salford Dist. Convalescent Home, Southport					1

HOME HELP SERVICE.

The Home Help Service continued to expand during the year and more cases than ever before received assistance from this service. Recruitment of suitable staff became more easy and although there were periods during the year when we were hard put to it to supply all requirements we have been able to manage with the number of home helps allocated to the divisional establishment. The value of this type of service will be at once apparent from the list of the types of cases dealt with in the appended table. Many of the aged infirm are well able to manage on their own and in their own homes with a little help to do the heavier work, and there is no doubt whatever that an intelligently used home help service is at once an economy and a great benefit in raising the living conditions of an increasing number of old people. The effective running of the service, recruitment of suitable personnel, etc., requires much work and continual vigilance. It can so easily be abused and it is so easy to be over-generous in the allocation of a home help's time to a particular household. The detail of the service during the year has largely been conducted by the Senior Health Visitor, Nurse Day, who, by her intimate knowledge of people and conditions in the area together with her association with the Old Peoples' Welfare movement, has ensured what I believe to be a high standard in a vital social service.

The principal duties for which the home helps are responsible are as follows :—

Keep the house clean and tidy.

Cook and prepare meals for the family.

Care for any children there may be, and see that those attending school do so punctually and are clean and tidy.

Undertake the week's family washing and also wash daily for the infant and mother if necessary.

The service, of course, is not provided free of charge except in those cases whose income falls within limits set by the County Council's Scheme. Ascertainment of circumstances and financial assessment is made by the Divisional Welfare Officer's staff.

The following figures show the number and types of cases provided with Home Help in the Mirfield area during the year, the total hours worked at the various types of cases and the allocation of these hours on a percentage basis :

Reason for Provision	No. of Cases	Hours worked	Percentage
Ill	8	1874	22.1
Lying-in	1	95	1.1
Expectant Mothers ...	2	110	1.3
Aged-infirm	19	3029	35.8
Aged-ill	28	3364	39.7
Totals ...	53	8472	100

SCHOOL HEALTH SERVICE.

School medical inspections were carried out by the School Medical Officers on every child admitted to school for the first time, on each child leaving Primary School, and on each child leaving Secondary or Grammar School, in accordance with the recommendations of the Ministry of Education. In a year when extraneous matters have made recruitment of medical staff difficult in most areas, we have been most fortunate in retaining our full staff and this has enabled a very full programme of school medical work to be carried out. The value of the routine school medical inspections depends, not only on the detection of defects, numerous though these still are, but also on the advice which is given by the doctors to the parents who also attend with the children at the inspections. The table relating to special examinations gives some idea of the amount of work which is necessary in connection with handicapped children and shows too that provision for the treatment and care of these children is increasing. It lightens the burden of the work considerably to know that there is now some prospect of one's recommendations for special schooling being implemented although there is of course, still great need for more special schools, particularly those for educationally subnormal children.

The other tables dealing with the School Medical Service reveal the scope of the remedial and preventive clinics now operating in Mirfield. I believe they will be found to bear comparison with most other areas anywhere in the country in their range of activity and there can be little doubt that they are playing their part in the ever improving physical, and possibly mental, standards of the community.

It is pleasing to note that out of 556 routine examinations at school only one child was considered to be below average development physically, and it is also gratifying to record that the incidences of infestation with vermin is at last showing signs of decreasing. With 252 such instances out of 4,033 examinations there is of course still great scope for improvement. It is unfortunately true that throughout the years one finds the children of many families repeatedly carrying vermin and it is not by any means a problem which is easy of solution.

Special mention should be made of the commencement of the Child Guidance Clinic in Mirfield during the year. Under the experienced charge of Dr. Mary MacTaggart, the County Psychologist, much valuable work can be done in overcoming the psychological upsets and maladjustments which parents and teachers may not be able to remedy.

The school nurses have also undertaken health lecturing to senior girls at the Mirfield Modern School during the year and this is a project which I view with great interest and with considerable hope for the future. I am most pleased with the help and co-operation of the Headmaster of the school and of his staff and with the help consistently given to the nurses.

Total number of children examined at Routine Medical Inspections.

Entrants	...	...	...	...	...	...	...	230
Intermediates	...	...	...	...	...	...	...	207
Leavers	...	...	...	...	...	...	...	119
								<hr/>
Total								556
								<hr/>

Total number of children who have been re-examined for follow-up defects 124

Standards of physical development classified into age groups :—

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	83	146	1
Intermediates	77	130	—
Leavers	51	68	—
Totals	211	344	1

Percentages.

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	36·1	63·5	0·4
Intermediates	37·2	62·8	—
Leavers	42·9	57·1	—
Totals	38·0	61·9	0·1

During the year 61 free issues of dietary supplements in the form of iron tonics were made to school where recommended by the School Medical Officer.

The following table shows the type of defects discovered at the Routine School Medical Inspection classified according to age groups :—

Defects Table.

Defects	Recommended for Treatment			Recommended for Observation			Totals
	Entrants	Inter-mediate	Leavers	Entrants	Inter-mediate	Leavers	
Skin	7	1	1	—	—	—	9
Ears :							
(a) Hearing ...	—	—	—	—	1	—	1
(b) Otitis Media	1	—	—	4	—	1	6
(c) Other ...	—	1	1	1	1	—	4
Nose and Throat	6	5	1	16	8	—	36
Speech	5	2	1	—	1	—	9
Cervical Glands ...	3	—	—	8	7	—	18
Heart and Circulation ...	—	—	1	1	5	1	8
Lungs	—	1	—	2	3	—	6
Developmental :							
(a) Hernia ...	4	—	—	4	—	—	8
(b) Other ...	1	—	—	3	—	—	4
Orthopaedic :							
(a) Posture ...	1	1	—	4	—	—	6
(b) Flat foot ...	8	2	—	3	1	—	14
(c) Other ...	18	3	2	11	—	—	34
Nervous System :							
(a) Epilipsy	—	—	—	—	—	—	—
(b) Other	—	—	—	1	1	—	2
Psychological							
(a) Development	—	—	—	3	1	—	4
(b) Stability	—	—	—	—	—	—	—
Other Defects ...	7	18	9	3	5	1	43
Totals	61	34	16	64	34	3	212

Special Examinations.

In accordance with the requirements of the Education Act, 1944 a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations. During the year twenty-one children were examined, involving thirty-one examinations altogether. The following recommendations were made :—

Education in a School for Educationally subnormal Pupils	1
Education in a School for the Deaf	1
Education in an Open Air School	1
Education by Home Tutor	1
To attend Child Guidance Clinic	2

During the year the following admissions to special schools were made :—

Open Air School	1
School for Educationally subnormal pupils	1
School for the Deaf	1

EYES.

The eyes of all children attending school are tested at school by the school nurses each year, and those whose vision is worse than 6/9 Snellin in one eye are referred for further examination by the Ophthalmologist who attends the Clinic as the need arises. This ensures the quick treatment of defective vision and no doubt has its preventive aspect also in the preservation of good eyesight. During this year there has been no substantial delay in the provision of spectacles.

The following statistics give details of the cases examined :—

Number of children examined for the first time	...	61
Number of re-examinations	... ..	194
Total number of attendances	... ..	255
Number of sessions held during the year	... ..	20
Number for whom spectacles were prescribed	... ..	79
Number referred for other treatment	... ..	21

MINOR AILMENTS

Minor ailments are treated by the nurses both at the clinics and in the schools. The following table gives details of such treatments during 1952 :—

Minor Ailment	No. treated
Skin :	
Ringworm--body	...
Scabies	...
Impetigo	14
Other skin diseases	8
Eye Disease :	
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	9
Ear Defects :	
Otitis media	4
Otorrhoea	17
Other	1
Miscellaneous	742
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	
Total	795
Total number of attendances at Authority's Minor Ailment Clinics	786

SPEECH THERAPY.

The Speech Therapist continued to attend during the year but arrangements were made for her to spend part of her time at another Clinic in the divisional area. Consequently only 54 half-day sessions were held in Mirfield, but only Mirfield school children attended this Clinic whereas previously it had served the whole Division. The long waiting list of children was cleared off during the year and there were no outstanding cases to be seen at the end of the year.

The work of the Speech Therapist is valuable in the extreme to the individual patients and one has only to study the all-round improvement which speech therapy brings, particularly psychologically, to those afflicted with defective speech, to realise its value.

Total number of sessions held during year 54

	Stammers	Speech Defects
No. of Cases already attending Clinic...	5	18
Number of new cases admitted for treatment during the year... ..	4	14
Total number of cases treated ...	9	32
Number of cases discharged during year :		
(a) Speech normal	3	11
(b) Unsuitable for treatment ...	—	—
(c) Left School	1	3
(d) By reason of non-attendance ...	—	1
Number of cases attending at end of year	5	17

ULTRA VIOLET LIGHT CLINIC.

It was not possible to hold Ultra Violet Light Clinics in Mirfield during most of the year since temporary accommodation was being used while adaptations were being carried out at Ings Grove Clinic. These Clinics were recommenced however, in September and the following figures relate to the cases dealt with between then and the end of the year :—

Total No. of sessions held	...	...	...	...	30
No. of sessions held weekly	...	...	...	...	2
No. of cases treated	...	...	...	...	55
No. of treatments	...	...	...	...	612
Average number of attendances per session	...	...	...	...	20
Average length of course of treatment	...	...	...	...	11 weeks
No. on register at end of year	...	...	...	...	22
Details of cases treated :					
Anaemia and general debility	...	...	...	...	15
Chest Complaints :					
(a) Bronchitis	...	...	...	...	9
(b) Bronchiectasis	...	...	...	...	1
(c) Asthma	...	...	...	...	1
(d) Chronic catarrh	...	...	...	...	1
(e) Frequent catarrhal colds	...	...	...	...	13
Debility following whooping cough	...	...	...	...	6
Enlarged cervical glands	...	...	...	...	1
Orthopaedic : (a) Knock Knee	...	...	...	...	1
(b) Poor Muscular development	...	...	...	...	1
Otorrhoea	...	...	...	...	1
Chilblains	...	...	...	...	4
Re-current Tonsillitis	...	...	...	...	1
					55

CHILD GUIDANCE CLINIC.

During the year the County Council obtained the services of a full-time Psychologist, Dr. M. M. MacTaggart, and she commenced holding a Clinic at Ings Grove in September. Children attending this clinic come, not only from Mirfield and Spenborough, but also from neighbouring divisions. Children who had been attending other Child Guidance Clinics and for whom it was convenient to attend the Ings Grove Clinic were gradually transferred to this Clinic. The figures given below relate, however, only to children from Mirfield and Spenborough.

	Boys	Girls	Total
1. No. of new cases seen during year	1	7	8
2. No. of cases continuing attendance from previous year	2	2	4
3. Total number of cases seen during year ...	3	9	12
4. Total number of attendances made during the year for—			
(a) individual interview	4	14	18
(b) group therapy	21	51	72
5. No. of cases recommended for residential treatment in—			
(a) Hostel for Maladjusted Children ...	1	1	2
(b) E.S.N. Special School	—	—	—
(c) Other	—	—	—
6. No. of cases referred for psychiatric opinion—			
(a) child	—	—	—
(b) parent	—	1	1
7. No. of cases examined at the particular request of the Magistrates	—	—	—
8. Types of problem for which cases were referred to Child Guidance Clinic—			
(a) Behaviour	3	5	8
(b) Delinquency	—	1	1
(c) Nervous problems	—	2	2
(d) Eneuresis	—	1	1

ORTHOPAEDIC TREATMENT.

Children referred for orthopaedic advice continued to attend the out-patient department at Staincliffe General Hospital. The defects were in general only of a minor nature, *e.g.*, flat feet, knock knee, etc., and details of cases attending during the year are as follows :—

New cases referred during the year	...	...	...	13
Number attending for re-examination	...	...	...	3
Total attendances	...	...	...	18
Number receiving treatment	...	...	...	8
Number of appliances supplied	...	...	...	—

PHYSIOTHERAPY.

The Physiotherapist continues to attend in Mirfield for one half-day session each week, but owing to the illness of the Physiotherapist during the end of the year only eighteen half-day sessions were held during the year. The following table shows details of attendance and type and number of defects referred :—

No. of children on register 1st January, 1952	...	...	9
No. of children referred for treatment	...	...	7
Total number of attendances	...	...	63
Total number of treatments	...	...	73
No. of children discharged	...	...	6
No. of children on register 31st December, 1952	...	...	10

Defect.	Number.
Asthma	1
Bronchitis	3
Flat feet	4
Posture	7
Knock knee	1
	<hr/>
	16
	<hr/>

Chiropody.

49 half-day sessions were held by the Chiropodist at Mirfield Clinic during 1952. A total of 265 cases was seen by the Chiropodist. The 265 cases seen made 591 attendances and the following table gives the types and numbers of conditions treated :—

Defects		No.	Defects		No.
Hallux Valgus	...	26	Under/overlapping Toes	...	37
Hammer Toes	...	19	Tinea Pedis	...	12
Corns and callus	...	38	Varrucae Pedis	...	32
Nail Conditions	...	18	Hyperidrosis	...	8
Weak foot	...	18	Hallux Rigidus	...	2
Chilblains	...	32	Pes Cavus	...	10

Cleanliness Inspections.

Three routine inspections were carried out at each school by the school nurses and a total of 4,033 inspections and re-inspections was carried out. In 252 instances infestation was detected and this involved 163 individual children, the condition of some of the children being unsatisfactory on more than one occasion. It should be pointed out that in the majority of cases the degree of infestation is extremely light.

The remedial procedure adopted on the discovery of these defects is to notify the parents informally in the first instance, visiting if necessary to give advice on the methods of dealing with infestation. If cure is not effected the nurse visits the home and interviews the parents, and finally, if it is evident that insufficient care is being exercised, the Statutory Notice under the Education Act, 1944, is sent requiring the child to be cleansed to the satisfaction of the Medical Officer or of the person appointed by him for that purpose within 48 hours. No Statutory Notices were issued during the year.

The section of the report which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. H. H. Johnson, Chief Sanitary Inspector.

SANITARY CIRCUMSTANCES OF THE AREA.

Sanitary Conveniences.

During the year a complete survey was made of the sanitary conveniences in the area. It was found that a considerable number of privies had been discontinued and the position now existing at the year ending 1952 is as follows :—

Closet Accommodation.	1952
Number of Privies	141
„ Privy Middens	82
„ Water Closets	4,384
„ Waste Water Closets	22
„ Pail or Tub Closets	33
„ Chemical Closets	29

Number of Water Closets provided during the year is as follows :

By conversion of Privies to Water Closets	17
By provision of extra closet accommodation to existing property where insufficient	6
By provision to new property	74
By conversion of Waste Closets to W.C's.	3
By conversion of Tub Closets to W.C's.	5
Total	105

Conversion of Privies to Chemical Closets	4
No. of Chemical Closets Provided	9
Number of Dry Ashpits	6
Number of Dust Bins	4,011

Ward	Privies	W.C.	Waste W.C.	Tub Closets	Bins
Eastthorpe Ward ...	10	1085	10	2	976
Hopton Ward ...	56	659	2	38	752
Battieford Ward ...	32	1536	10	12	1201
Northorpe Ward ...	43	1104	—	10	1082
Totals ...	141	4384	22	62	4011

It is noticeable that the number of chemical closets has increased considerably. This in accordance with the policy of the department to substitute where no conversion to the water carriage system is possible, privies and earth closets to chemical closets. These are emptied weekly and the increase throws additional work on the department but is, from a public health view point, to be advocated.

Of the 141 privies now shown as existing only 22 are capable of conversion to the water carriage system. It would therefore appear that until such time as further sewers are provided throughout the area, little further work of privy conversion remains to be carried out.

SANITARY INSPECTION OF THE DISTRICT.

Details of Inspections made.

The term 'inspection' refers to the primary visit made to the premises. A 're-inspection' is a visit made after a notice has been given for the remedying of a defect, to ascertain the action taken to comply with the notice.

Total number of inspections made					...	...	...	3252
Total number of re-inspections made					...	...	...	242
					Primary		Re-	
Dwelling Houses.					Inspections		inspections	
Ordinary					...	...	...	241
Municipal Houses					...	...	...	155
Municipal Applications					...	...	...	224
Housing Act, 1936 Overcrowded					...	...	...	245
Housing Act, 1936					...	...	...	5
Houses (Cons Regs.)					...	...	...	45
Re Notifiable Diseases					...	...	...	41
Disinfection—Infectious Disease					...	...	...	16
					...	...	...	7
Sanitary Conveniences.								
Water Closets					...	...	...	84
Privies					...	...	...	3
Tubs					...	...	...	97
Cesspools					...	...	...	3
Septic Tanks					...	...	...	4
					...	...	...	1
Refuse Storage.								
Ashplaces					...	...	...	6
Ashbins					...	...	...	134
Drains.								
Inspections					...	...	...	174
Tests					...	...	...	53
Sewers.								
Sewers					...	...	...	25

	Primary Inspections	Re- inspections
Factories.		
Factories (with mechanical power) ...	34	
Factories (without mechanical power)	12	
Factories (means of escape)	14	
Food Storage, Preparation, etc.		
Bakehouses	13	
Foods Shops	126	13
Canteens	3	
Slaughter Houses	313	3
Ice Cream Premises	23	
Food Byelaws	117	
Food Samples	93	
Meat & Food Inspections	333	
Smoke Abatement and Atmospheric Pollution.		
Atmospheric Pollution... ..	90	
Boiler Houses	3	
Smoke Observations	18	
Rodent Control.		
Inspections	221	
Shops.		
Inspections—Shops Act	42	6
Miscellaneous.		
Inspections	392	61

NOTICES SERVED.

Informal Notices Served	45	} 63
Informal Notices outstanding at end of 1951	18	
Informal Notices complied with	58	
Statutory Notices Served	10	
Statutory Notices complied with	1	
Notices Outstanding at end of 1952	14	
Verbal Notices given and complied with for the Remedy of Defects, etc.	95	
Letters sent	149	
Complaints received	124	
Complaints confirmed	112	

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

Houses.

Houses made fit	...	...	...	...	...	...	82
Lighting improved	...	...	...	...	...	...	1
Washing accommodation improved	...	...	...	...	...	...	2
Overcrowding Abated	...	...	...	...	...	...	2
Roofs Repaired	...	...	...	...	...	...	10
Eaves, Spouting, Rain Water Fall Pipe Repaired	...	...	...	...	...	...	13
Rain Water Pipe Disconnected	...	...	...	...	...	...	7
External Walls Repaired	...	...	...	...	...	...	6
Internal Walls Repaired	...	...	...	...	...	...	30
Floors Repaired	...	...	...	...	...	...	2
Doors Repaired	...	...	...	...	...	...	19
Fire-places Repaired	...	...	...	...	...	...	13
Yards Paved	...	...	...	...	...	...	2
Dangerous Structures Removed	...	...	...	...	...	...	3
Coal Stores Improved	...	...	...	...	...	...	2
Ventilation Improved	...	...	...	...	...	...	6
Ceilings Repaired	...	...	...	...	...	...	2

Drains.

Repaired & Re-constructed	...	...	...	...	...	8
Cleansed by Owner	...	...	...	...	...	13
I.C. Constructed	1

Accumulations.

Manure	2
Other	2

Animals, Poultry, etc.

Nuisances Abated	1
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Ash-bins and Ash-places.

Bins Renewed	127
Ash-places Abolished	1

Closets.

Cleansed or Limed	7
Reconstructed & Repaired	...	...	...	...	...	...	25
Additional W.C's. Provided	...	...	...	...	...	...	6
Privies Repaired	...	...	...	...	...	...	2
Tub Closets Repaired	...	...	...	...	...	...	2
Tippler Closet Repaired	...	...	...	...	...	...	1

Sinks.

New Sinks Provided	...	...	...	...	...	14
Waste Pipe Trapped & Repaired	...	...	...	...	...	19

Piggeries.

Swine Removed	...	...	...	...	...	1
Premises Improved	...	...	...	...	...	2

SHOPS ACT, 1934.

42 inspections have been made under the Shops Act, 1934, during the year. Only minor contraventions of the Act were found.

Licensed Premises.

Following the survey of sanitary accommodation provided at Licensed Premises in the Area, a full report of which was made last year, interviews have been held with representatives of a number of the Breweries concerned, and discussions have taken place on suggested improvements. Some delay has taken place due to difficulties in the granting of necessary licences by the Ministry of Works.

The sanitary accommodation at one of the licensed premises was improved during the year and is now satisfactory. Plans for improvements were submitted and works were commenced at four licensed premises.

SMOKE ABATEMENT AND ATMOSPHERIC POLLUTION.

Eighteen observations were made during the year, and in one case the emission of black smoke was noted. Smoke was being emitted in such quantities as to be a nuisance. The attention of the company concerned was drawn to the contraventions and the methods of firing were investigated in the boiler houses concerned.

It has to be remembered that under existing legislation the emission of black smoke for a period not exceeding three minutes each half hour does not constitute an offence and a factory may emit smoke more or less continuously in moderate quantities.

The atmospheric pollution stations were maintained during the year. The records show that no serious increase in pollution is taking place in the area and the deposits follow a similar pattern as is observed nationally.

The readings of the stations are set out in the following table.

MONTH	FIELD HEAD				HOPTON LANE				EASTTHORPE		KNOWL HOUSE
	Rainfall ins.	Total Solids Tons/Sq. M.	Mq. SO ₃ /Day	Rainfall ins.	Total Solids Tons/Sq. M.	Mq. SO ₃ /Day	Rainfall ins.	Total Solids Tons/Sq. M.	Rainfall ins.	Total Solids Tons/Sq. M.	
January ...	2.20	12.30	2.00	3.28	17.00	1.66	2.73	17.90	1.64		
February ...	0.51	6.83	2.10	0.66	7.65	2.15	0.51	25.85	1.75		
March ...	1.40	9.95	2.22	1.44	12.74	2.32	1.38	14.60	1.22		
April ...	1.43	8.12	0.81	1.47	8.38	0.82	1.44	13.52	0.83		
May ...	1.94	13.45	1.19	2.00	13.82	1.30	0.62	11.48	0.92		
June ...	1.48	7.49	0.82	1.63	10.16	0.75	1.54	10.30	0.73		
July ...	1.53	8.28	0.50	1.28	12.19	0.74	1.44	11.33	0.55		
August ...	1.69	5.97	0.88	1.63	7.45	1.05	1.54	13.03	0.81		
September ...	2.04	7.92	0.91	2.15	9.76	0.16	2.04	11.00	0.78		
October ...	3.48	10.92	2.66	3.32	10.27	2.10	3.76	15.75	1.62		
November ...	1.64	7.19	1.61	1.69	11.42	1.31	1.54	8.74	1.28		
December ...	★	★	2.49	★	★	1.91	1.60	21.72	1.86		

★ No readings available due to damage to gauge equipment during a gale.

**PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED
BY BYELAWS AND REGULATIONS.**

All premises and occupations within the district which can be controlled by byelaws are already so controlled. There are no lodging-houses or underground sleeping rooms and three van dwellings only in the district.

WATER.

The district receives the bulk of its supplies from Huddersfield Corporation. The supply is constant and direct to the houses.

The supply is not satisfactory; repeated complaints of discoloured water and lack of pressure are made to this department. The attention of the undertakers has been directed to these matters and the supply is under close observation.

In addition to the supply from the Huddersfield Corporation there are three wells and two springs serving ten houses. Six samples of water were submitted to the laboratory for bacteriological examination during the year. One well sample was reported to be unsatisfactory and an endeavour to obtain an alternative supply from the mains is being made.

PLUMBO-SOLVENCY OF WATER SUPPLIES.

Two samples of water from the Huddersfield Corporation mains supply were submitted for examination as follows :—

SUPPLY Date Sample Collected	Address at which collected	RESULT OF EXAMINATION		P.H. Value
		Approx. Length of Lead Service Pipe	Lead Content (grains per gallon)	
Huddersfield Corporation	Council Offices, Mirfield do. Council Offices, Mirfield do.	35 ft.	Nil	6·2
After standing in pipe for a measured period of ½ hour				
8-4-52		35 ft.	Nil	6·2
9-12-52				
After standing in pipe all night	Council Offices, Mirfield do.	35 ft.	Nil	6·2
8-4-52				
9-12-52	do.	do.	do.	6·5

DRAINAGE AND SEWERAGE.

Except in isolated cases the district is provided with sewers. No other extension has been made during the year, with the exception of sewers to the housing estates, Kitson Hill Road, and Hopton Lane. Consideration should now be given to the question of sewer extension to enable further areas to be put on the water carriage system of sewage disposal, as referred to under the heading "Sanitary Conveniences."

RIVERS AND STREAMS.

The River Calder runs through Mirfield and is in a polluted state when it enters the district. Considerable improvement has been made in the disposal of trade effluent from the majority of factories in the area which now enters the sewer, and as a result is improving the condition of the Calder.

HOUSING.

During the year 48 houses were completed by the Council. In addition 14 private houses and 2 bungalows were completed by private enterprise. This rate of building is most encouraging and has materially improved the housing situation in the district. Much remains to be done however and consideration should now be given to the question of dealing with the existing older property of a sub standard nature.

During the year 7 houses were dealt with under the Housing Act Section 11 (Individual Demolition) and a further three houses were demolished by informal action. The inspection of applicants under the Council's Point Scheme was continued during the year and continues to work satisfactorily. No application has been submitted for an Improvement grant under Part II Housing Act 1949.

OVERCROWDING.

Nine cases of overcrowding were abated during the year and five new cases were found. The position of the Statutory Overcrowding cases in the area is, however, very satisfactory ; only sixteen cases are known to exist. Many acute cases of moral overcrowding however still exist and the figures do not include those families who are living with parents and friends and are without a house of their own.

Overcrowding Particulars.

(1)	(a)	Number of Dwelling Houses Overcrowded at the end of the year	16
	(b)	Number of Families dwelling therein	16
	(c)	Number of persons dwelling therein	85
(2)		Number of New Cases of Overcrowding reported during the year	5
(3)	(a)	Number of Cases of Overcrowding relieved during the year	9
	(b)	Number of Persons concerned in such cases ...	33½

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Regular inspections have been made at all dairy premises in the district and the provisions of the Milk and Dairies Regulations 1949 as applicable to dairies and distributors have been enforced. The common practice of depositing milk bottles and crates on footpaths has been discontinued, apart from isolated instances which are dealt with as they arise.

Number of Distributors registered in the area	...	...	25
Number of Dairies registered in the area	...	...	4

MILK (SPECIAL DESIGNATIONS) REGULATIONS 1949.

The licences issued by the Council under the above Regulations are as follows :—

Tuberculin Tested Dealers	...	...	...	...	10
Tuberculin Tested Supplementary	...	...	...	...	8
Pasteurised Dealers	...	...	...	...	10
Pasteurised Supplementary	...	...	...	...	11
Sterilised Dealers	...	...	...	...	12
Sterilised Supplementary	...	...	...	...	1

There were no contraventions of the Regulations during the year.

BACTERIOLOGICAL EXAMINATION OF MILK.

The Department continued throughout the year regular sampling of milk retailed in the district. During the year 20 samples of ordinary milk and 29 samples of designated milks were submitted to the Public Health Laboratory, Wakefield, for bacteriological examination. The results were as follows :—

TOTAL	GRADE	INSIDE DISTRICT		OUTSIDE DISTRICT	
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
20	Ordinary	14	3	3	—
6	Tuberculin Tested	5	1	—	—
8	Tuberculin Tested (Pasteurised)	1	—	7	—
5	Accredited	3	1	1	—
6	Pasteurised	2	1	3	—
3	Sterilised	3	—	—	—
1	Skim Milk Powder	—	—	1	—
49		28	6	15	—

The results of the samples submitted for bacteriological examination show that of the 49 samples of milk from retailers 43 or 87·8% were reported to be satisfactory.

In addition to the above, 8 samples were submitted for evidence of tuberculosis and all were reported to be negative.

FOOD AND DRUGS ACT, 1938.

The West Riding County Council, acting as Food and Drugs Authority for the area, submitted during the year 47 samples for analysis under the Act.

Number of Samples taken under the Food and Drugs Act, 1938.

Milk		Drugs		Other Foods	
Genuine	Adulterated	Genuine	Adulterated	Genuine	Adulterated
30	—	2	—	15	2

Number of proceedings—Nil

Cautions issued—Two

FOOD BYELAWS.

Close attention has been paid during the year to the handling and wrapping of food as controlled by the Byelaws. There has generally been a marked improvement particularly in the display of unwrapped food-stuffs. Details of contraventions found at the various food premises are as follows :—

Type of Premises	No. of Premises	No. of Contravention
General Grocery	46	15
Restaurants, Cafe's, Canteens, &c. ...	17	1
Confectionery	11	9
Bakehouses	5	2
Fruit & Vegetables	16	—
Wet Fish	9	2
Fish Frying	14	3
Butchers	20	2
Premises used for preparation of sausages, &c.	6	—

The contraventions found were mainly instances of unwrapped foodstuffs and of confectionery being displayed on open counters where they are liable to contamination by the public.

I am particularly pleased with the progress made in food hygiene in the district since the Food Byelaws were introduced two years ago. The Food Traders in general have co-operated with the department most satisfactorily and there is now a noticeable improvement throughout the area in the display of unwrapped foodstuffs and the handling of food generally.

The department has achieved these results by regular visits of inspection and informal discussions with traders and this work continued throughout the year.

REGISTRATION OF FOOD PREMISES.

(a) Ice Cream.

Twenty-five premises are registered for the sale of ice cream (pre-packed).

Two premises are registered for the sale and manufacture of ice cream (Cold Mix).

Visits have been made to all registered premises during the year. Two premises only manufacture ice cream and both are manufacturing the complete Cold Mix and comply with the requirements of the Ice Cream (Heat Treatment Regulations) 1947.

It will be observed from the following table that regular samples of ice cream were taken during the year. There has been a decided upgrading of the ice cream sold in the district which indicates that the work of the Department in supervising and controlling the sale of ice cream during the past two years has been well worth while.

No. of samples taken for testing by means of methylene blue reduction test	...	...	...	...	...	17
No. of samples placed in provisional Grade I	...	...	...	...	...	12
No. of samples placed in provisional Grade II	...	...	...	...	...	4
No. of samples placed in provisional Grade III	...	...	...	...	...	1
No. of samples placed in provisional Grade IV	...	...	...	...	...	—

Grading is determined by the time taken to bring about reduction of methylene blue in the test. It gives an indication of cleanliness but only a rough indication of bacterial content, and none whatever of the type of bacteria.

Ice Cream (Heat Treatment) Regulations 1947, suggest that over a six monthly period 50% of a vendor's samples should fall into Grade I, 80% into Grades I and II, and not more than 20% into Grade III, and none into Grade IV.

(b) Register of Food (Preparation and Manufacture Premises).

Thirteen premises are registered for the preparation or manufacture of food products.

Fourteen are registered for the preservation of fish by cooking.

All the premises now comply with the requirements of the Food & Drugs Act and have been well maintained during the year.

BAKEHOUSES.

Regular inspections have been made at the six bakehouses in the area. It has been necessary to require cleansing of walls, ceilings, utensils, etc., at five premises. Throughout the year however the general standard of cleanliness has been satisfactory.

SLAUGHTER-HOUSES.

The number of licensed slaughter-houses in the district is seven. Slaughtering for this district is carried out at the Spenborough Abattoir under the control of the Ministry of Food.

One bacon factory in the district is licensed for the slaughter of pigs and during the year regular post-mortem inspections of carcasses was carried out.

Details of inspection and condemnations during the year are shown as follows :—

No. of Pigs Slaughtered	CONDEMNATIONS			
	Tuberculosis	Weight	Other Causes	Weight
16952		lbs.		lbs.
	72 pig carcasses and organs	11982	12 carcasses & organs	1673
	383 pig heads	4620	2 heads	24
	149 pig plucks	1106	1 quarter	22
	16 pig mesenteries	64	4 plucks	28
	1 forequarters	20	83 livers	318
			49 heart & lungs	151
			5 legs	98
			9 kidneys	5
			trimmings	42
Total		17792		2361

CONDEMNATIONS OF UNSOUND FOOD.

The following items were surrendered and condemned as unfit for human consumption during the year :—

Canned Beef	2 $\frac{1}{4}$ lbs.
„ Rabbit	18 „
„ Bloaters	14 „
„ Butter	1 „
Canned Luncheon Meat	15 $\frac{1}{4}$ „
„ Tomato Puree	42 „
„ Carrots	7 $\frac{1}{4}$ „
„ Tomatoes	1 „

Canned	Beans	5	lbs.
„	Scotch Broth	1	„
„	Peas	3 $\frac{1}{4}$	„
„	Plums	4 $\frac{3}{4}$	„
„	Pears	2 $\frac{1}{4}$	„
„	Salmon	1 $\frac{1}{4}$	„
„	Pilchards	$\frac{1}{2}$	„
„	Vegetable Broth	1	„
„	Pork	9 $\frac{3}{4}$	„
„	Milk	10	pints
	Calf Foot Jelly	$\frac{1}{2}$	„
	Pig Head	28	lbs.
	Cabbage	74	„
	Beef & Pork	$\frac{1}{2}$	„
	Crab paste	1 $\frac{1}{4}$	„
Canned	Oranges	7 $\frac{1}{2}$	„
„	Brisling	$\frac{1}{4}$	„
„	Boiled Ham	594 $\frac{1}{2}$	„
	Cheese	60	„
Canned	Beetroot	50	„
	Currants	130	„
	Raisins	30	„
	Dried Figs	50	„
Canned	Sardines	1	„
	Sandwich Spread	8	„
	Rice	10	„
Canned	Rock Salmon	$\frac{1}{2}$	„
„	Black Currants	11	„
„	Bilberries	1	„
„	Damsons	18	„
„	Strawberries	2 $\frac{3}{4}$	„

RODENT CONTROL.

PREVENTION OF DAMAGE BY PESTS ACT 1949.

Once more throughout the year much time and attention has been spent on this important work. A 10% Test Baiting of the sewers in the area was carried out. Resulting from this a treatment was carried out involving prebaiting at 21 manholes, takes being recorded at 8 manholes. In addition 45 treatments were carried out at 28 private premises and 17 business premises.

The Prevention of Damage by Pests Act 1949 places an obligation on the Local Authority to ensure that as far as practicable its area is kept free from rats and mice. District Councils are directly responsible for the administration of the Act. The Act provides for the submission of reports to the Ministry and the making of grants to Local Authorities of one-half of the irrecoverable expenditure incurred by them in the performance of their functions under Part I of the Act.

Additional responsibilities are placed on Local Authorities to ensure that the provisions of the Act are carried out in their area. The procedure recommended by the Ministry of Agriculture and Fisheries is being carried out. Mr. J. Brown, the Assistant Sanitary Inspector and Mr. F. F. W. Popplewell have been largely responsible for carrying out this work in a most efficient manner.

SCAVENGING.

The Scavenging of the District during the year has been satisfactory. A weekly collection of refuse is maintained with the exception of holiday periods. The Department has a fleet of modern Refuse Collecting Vehicles, and the district has a Refuse Collection Service which will bear favourable comparison with that of any similar district.

Details of the work carried out by the Department during the year are set out below :—

Wagon No.	Loads to tip	Bins	Privies	Ashpits	Pail Closets	Trade Refuse
1	723	89,744	—	2	—	—
2	458	8,504	2214	1362	2323	476
3	679	93,050	—	—	46	2
Totals	1860	191,298	2214	1364	2369	478

All refuse is disposed of by controlled tipping which is carried out at the disused sewage farm at Northorpe. During the year a new approach road was made under the Bridge at the Sewage Works so obviating the necessity to use the level crossing.

The Council are fortunate in that excellent tipping facilities are now available for many years to come.

COLLECTION AND DISPOSAL OF REFUSE.

EXPENDITURE					£	s.	d.	£	s.	d.	£	s.	d.
Wages	...	...	...	...	4903	12	1						
National Insurance			...	...	167	0	0						
Superannuation	...		...	...	87	0	0						
					<hr/>						5157	12	1
Vehicle Repairs	...		...	...				162	6	3			
Vehicle—Licence and Insurance								166	0	0			
Petrol and Oil	...		...	...				570	12	2			
Rents	...	...	...	...				50	0	0			
Salvage	...	...	...	...				31	5	6			
Tip ...	...	...	...	...				263	6	7			
Loan Charges	...		...	...				285	0	0			
Sundries	...	...	...	...				30	3	0			
					<hr/>						6716	5	7
INCOME													
Trade Refuse	...		...	...				100	0	0			
Salvage	...	...	...	...				1100	0	0			
					<hr/>						1200	0	0
					<hr/>								
NET COST					...			...			£5516	5	7
<hr/>													

SALVAGE 1952-1953.

The results of the salvage effort during the year are set out below. The income amounting to £1,100 is again very gratifying. During the year the price of waste paper fell from £16 per ton to £6 10s. per ton, a considerable decrease. The tonnage of waste materials collected showed little variation from the previous year. There is no income shown from Scrap metal as this material is now disposed of by the Surveyor's Department.

There was a drop in the collection of Kitchen Waste of 8 tons. This is a valuable foodstuff and I appeal to householders to continue to use the communal bins in the area both in the interests of the nation and also the local authority.

Thanks are due to all those householders and business houses who have throughout the year regularly saved their waste paper, and once more we appeal for their continued support during the next twelve months.

SALVAGE RETURNS.

1951-52						1952-53					
Tonnage			Income			Tonnage			Income		
T.	C.	Q.	£	s.	d.	T.	C.	Q.	£	s.	d.
181	6	2	1905	4	4	169	17	1	1101	16	8

INCOME FROM SALE OF SALVAGED MATERIALS.

					Tonnage			Income		
					T.	C.	Q.	£	s.	d.
Paper	...	...	...	...	112	13	2	911	1	10
Scrap Metal	...	...	...	...	—	—	—	—	—	—
Tins	...	...	...	...	6	9	1	16	3	1
Rags	...	...	...	...		6	2	6	10	0
Kitchen Waste	...	...	...	...	50	8	—	168	1	9
					169	17	1	£1101	16	8

INCOME FROM SALE OF SALVAGED MATERIALS—1940-52.

					Tonnage			Income		
					T.	C.	Q.	£	s.	d.
1940	...	...	...	...	177	9	1	525	17	4
1941	...	...	...	...	171	7	2	595	13	2
1942	...	...	...	...	227	16	—	1023	15	5
1943	...	...	...	...	210	11	3	857	8	10
1944	...	...	...	...	176	19	—	677	18	8
1945	...	...	...	...	168	15	2	621	16	10
1946	...	...	...	...	175	4	—	665	10	5
1947	...	...	...	...	175	6	3	775	14	1
1948	...	...	...	...	189	17	3	895	17	11
1949	...	...	...	...	177	18	—	802	11	8
1950	...	...	...	...	164	10	3	842	1	2
1951	...	...	...	...	181	6	2	1905	4	4
1952	...	...	...	...	169	17	1	1101	16	8
					2367	—	—	£10291	6	6

The above are the results of the salvage efforts in the area during the past years and indicate the benefits accruing to the nation and to the district by this means.

APPENDICES.

- A.** Vital Statistics of the Mirfield Urban District for 1943-1952.
- B.** Infantile and Maternal Mortality Rates of Mirfield for the past twenty years.
- C.** Notifications of Infectious Disease in Mirfield Urban District, 1933-1952.
- D.** Adoptive Acts in force in the District.
Bye-Laws in force in the District.
- E.** Staff of the Health Department.

APPENDIX A

VITAL STATISTICS OF THE MIRFIELD URBAN DISTRICT FOR 1943-1952.

Year	Population estimated to middle of each year	Births		Net Deaths belonging to the District		
				Under 1 year		At all ages
		No.	Rate	No.	Rate per 1,000 Births	No. Rate
1943	11,040	161	14.6	4	24.8	157 14.2
1944	11,170	193	17.3	6	31.1	140 12.5
1945	11,070	197	17.8	5	25.4	140 12.6
1946	11,480	154	13.4	5	32.0	163 14.2
1947	11,690	239	20.4	8	33.5	192 16.4
1948	11,950	205	17.2	6	29.2	170 14.2
1949	11,940	187	15.6	4	21.3	167 13.9
1950	11,930	168	14.1	1	6.0	149 12.5
1951	11,840	195	16.5	7	35.9	164 13.8
1952	11,760	196	16.7	4	29.4	174 14.8

APPENDIX B

**INTANTILE AND MATERNAL MORTALITY RATES OF
MIRFIELD FOR THE PAST 20 YEARS.**

Year	Births	Infant Deaths	Maternal Deaths	Infant Mortality Rate	Maternal Mortality Rate
1933	152	10	1	66.0	6.6
1934	176	8	2	67.0	11.4
1935	169	7	—	41.4	—
1936	144	7	—	48.6	—
1937	142	7	1	49.3	6.8
1938	146	6	1	41.1	6.5
1939	121	7	—	57.8	—
1940	132	6	—	45.1	—
1941	112	11	—	97.3	—
1942	158	11	—	69.6	—
1943	161	4	—	24.8	—
1944	193	6	1	31.1	5.2
1945	197	5	—	25.4	—
1946	154	5	—	32.0	—
1947	239	8	—	33.5	—
1948	205	6	—	29.2	—
1949	187	4	—	21.3	—
1950	168	1	—	6.0	—
1951	195	7	—	35.9	—
1952	196	4	1	20.4	4.9

NOTIFICATIONS OF INFECTIOUS DISEASE in Mirfield Urban District, 1933-1952.

Year	Smallpox	Poliomyelitis and Polioencephalitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Encephalitis Lethargica	Dysentery	Other Diseases	Totals
1933	—	—	—	45	59	7	2	2	—	—	—	1	4	1	—	—	—	—	—	121
1934	—	1	—	38	50	1	—	9	—	—	—	1	4	2	—	—	—	—	—	108
1935	—	—	—	28	17	5	1	6	—	—	—	3	5	5	—	—	—	—	—	72
1936	—	—	—	14	11	2	—	4	—	1	—	1	6	3	—	—	—	1	—	48
1937	—	—	—	17	3	3	—	2	—	—	—	3	6	3	—	—	—	—	—	37
1938	—	—	1	31	3	6	—	4	—	—	—	1	4	6	—	—	—	—	—	58
1939	—	—	—	5	4	3	—	2	—	—	—	—	8	—	1	3	—	—	—	27
1940	—	—	—	13	22	4	4	2	—	—	—	—	7	3	237	2	—	—	—	293
1941	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1942	—	—	—	109	20	4	—	5	—	—	—	—	5	3	33	11	—	—	—	195
1943	—	1	—	60	23	5	1	3	—	—	—	—	2	3	233	7	—	1	—	339
1944	—	—	—	22	4	—	1	2	—	—	1	—	6	2	12	5	—	—	—	55
1945	—	—	—	26	7	—	1	—	—	—	—	1	4	2	110	6	—	—	—	157
1946	—	—	—	17	—	1	—	1	—	—	—	—	6	1	18	5	—	—	—	49
1947	—	6	—	2	—	1	—	—	1	—	—	2	6	5	172	5	—	—	—	200
1948	—	—	—	16	—	1	—	4	—	1	—	2	6	3	43	20	—	1	—	97
1949	—	11	1	6	—	1	—	1	—	1	—	—	11	3	140	26	—	—	1	202
1950	—	—	—	9	—	6	—	1	—	—	—	—	10	1	109	27	—	1	—	167
1951	—	—	—	24	—	6	—	—	—	—	—	—	9	3	110	33	—	1	—	188
1952	—	2	—	9	—	2	—	3	—	—	6	—	7	—	55	29	—	—	—	113

APPENDIX D

ADOPTIVE ACTS, ETC., IN FORCE IN THE DISTRICT

Act	Date of Operation
Public Health Acts Amendment Act, 1890— Part III	1st July, 1891
Private Street Works Act, 1892	1st June, 1899
Public Health Acts Amendment Act, 1907— Sections 27 and 33 and the whole of Part III	28th September, 1909
Part VI	17th January, 1921
Sections 15 to 23 inclusive	24th August, 1926
Public Health Act, 1925 :— Sections 13 to 19 (inclusive), 23 to 33 (inclusive), 35, 36 to 43 (inclusive) and Part IV	18th October, 1926
Sections 21, 22, 44 and Part V	1st February, 1927
Part VI	8th September, 1925
Furnished Houses (Rent Control) Act, 1946	18th March, 1949

BYE-LAWS IN FORCE IN THE DISTRICT

Cleansing of Footways	1874
Scavenging	1874
Hackney Carriages	1881
Offensive Trades	1922
Public Parks and Recreation Grounds	1928
Smoke Abatement	1929
Slaughter-houses	1932
New Streets	1932
Buildings	1939
Sale of Food	1949

STAFF OF THE HEALTH DEPARTMENT

Medical Staff.

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.
Medical Officer of Health.
Divisional Medical Officer.

Sanitary Inspector's Staff.

H. H. JOHNSON, M.S.I.A., Certificates of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Chief Sanitary Inspector. Cleansing Officer.

J. BROWN, Certificate of the Royal Sanitary Institute and the Sanitary Inspectors Examination Joint Board. Certificate for the Inspection of Meat and other Foods. Certificate in Sanitary Science. Additional Sanitary Inspector.

Mrs. J. DRANSFIELD, Clerk.

Divisional Public Health Staff (Division 17, comprising Spenborough and Mirfield Urban Districts).

Medical Staff.

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.

NORMA M. WHALLEY, M.B., Ch.B., D.C.H., Assistant County Medical Officer.

Clerical Staff.

Mr. P. MARSHALL, D.P.A., Chief Clerk.

Miss J. M. BRADLEY (Commenced September, 1952).

Mr. H. R. COX.

Miss G. M. HARTLEY (Commenced January, 1952).

Miss M. POPPLEWELL.

Mrs. D. M. ROBINSON.

Mrs. V. THEWLIS.

Health Visitors (Part-time School Nurses).

Miss D. DAY, S.R.N., S.C.M., H.V. Cert. of R.S.I., Senior Health Visitor.

Mrs. D. PICKUP, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. HARTLEY, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. GREENOUGH, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss L. WILLOUGHBY, D.N., S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss M. J. TRENBATH, S.R.N., S.C.M., H.V. Cert. of R.S.I.
(Commenced July, 1952).

Assistant Health Visitors (Temp. School and Clinic Nurses).

Mrs. G. MARSHALL, S.R.N.
Mrs. R. COATES, S.R.N.
Miss A. E. RIGBY, S.R.N.
Mrs. E. I. SMITH, S.R.N.

Midwives.

Miss E. J. POTTS, S.C.M.
Mrs. D. M. GOMERSALL, S.R.N., S.C.M.
Mrs. E. JOHNSON, S.C.M.
Miss L. M. THOMPSON, S.R.N., S.C.M.

District Nurse Midwives.

Miss M. LAYCOCK, S.R.N., S.C.M.
Miss B. D. SHARP, S.R.N., S.C.M.

District Nurses.

Miss F. E. GAMBLE, S.R.N., Queen's Nurse.
Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.
Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.
Miss E. PHILLIPS, S.R.N., Queen's Nurse.
Mrs. E. SAYLES, S.R.N., S.C.M.

Dental Staff.

Mr. H. TAYLOR, L.D.S.,
Miss K. COLLETT, Dental Attendant.

Moorend Day Nursery.

Mrs. W. M. BROOKE, S.R.N., Matron.
Miss K. ARMITAGE, S.E.A.N., Deputy Matron.
Miss M. A. LAWTON, Warden.
Miss P. J. COOPER, Nursery Nurse.
Miss E. DRAKE, Nursery Nurse.
Miss J. SMAJE, Nursery Assistant.
Mrs. K. M. HOLMES, Nursery Assistant.
Miss J. SEANOR, Nursery Assistant.

Part-time Staff.

Dr. M. M. MacTAGGART, County Psychologist.
Mr. B. D. VAINES, M.Ch.S., Chiropodist.
Miss D. RENDER, M.C.S.P., Physiotherapist.
Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant
Ophthalmologist.
Mrs. G. JONES, Home Teacher of Mental Defectives.
Mrs. M. M. DE LA COUR, Mental Health Social Worker.
Mrs. A. S. LEE, Speech Therapist.

